Filling out a PAF PATIENT ASSESSMENT FORMS

START
Please use the PAF as a means to evaluate a Premier member's chronic conditions.

In order to capture the necessary data, please make sure that you have the correct patient worksheet in front of you.

1 Fill in the appropriate **Encounter Date** and the **Patient Status** section (if applicable).

2 In the '**Risk Adjustment Factor**' section, please select '**confirm**', '**reject**', or '**not evaluated**' for all of the chronic conditions listed. For all conditions selected as '**confirmed**', please discuss the current treatment with the member and appropriately document any monitoring, evaluation or assessment in the medical record.

3 Should you wish to add any conditions that are not listed in the RAF section, please **document the code** and **description** in the additional space provided.

4 In the '**Other Prevalent Conditions**' section, please select 'confirm', 'reject', or 'not evaluated' for all of the chronic conditions listed. Again, please discuss the current treatment of the '**confirmed conditions**' with the member and appropriately document any monitoring, evaluation, or assessment in the medical record.

FINISH

5 Please ensure that all '**confirmed**' conditions and their current treatment plans are documented in the medical record on the **DOS**. Bill all corresponding **ICD-10 codes** for these conditions on the claim.

- To complete the PAF, the following must be included or it will not be accepted:
  a. The member name
  b. The member's DOB
  c. The encounter date
  d. The provider's name
  e. The provider's NPI

- Accurate PAF completion contributes to the HCC Adherence rate.

- Once complete, please fax the worksheet(s) back to: **(937) 341-8484**.

Premier Health Group